

dermal test on the patient, and again there was a very strongly positive reaction.

The masses gradually diminished and at last disappeared.

SUMMARY

A case of cat scratch disease in a resident of the San Francisco Peninsula, with suppuration of regional lymph nodes, is reported.

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Cat Scratch Disease in the Los Angeles Area

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SINCE THE ORIGINAL REPORTS of cat scratch disease in Europe in 1950² and this in country in 1951³ cases have been reported from many places, particularly from eastern, middle western and southern areas of the United States. Several cases in California have been reported^{1, 3} and others diagnosed but not reported.^{6, 8}

Several other descriptive terms have been used for the disease, such as cat scratch fever, benign inoculation lymphoreticulosis, cat scratch syndrome, benign lymphoreticulosis of inoculation, and possibly others. However, the uniformity of symptoms and data in reported cases seems to warrant the name *cat scratch disease*.

It is a benign self-limited disease, apparently of viral origin.⁷ Characteristic features are tenderness of regional lymph nodes in association with systemic symptoms such as fever and malaise (rarely, cutaneous manifestations) that develop some two to three weeks after the appearance of a local, encrusted, oozing lesion at the site of a scratch or a bite by a cat or a break in the skin of a person who handles cats.

Much research on laboratory procedures for aid

in diagnosis has shown that results of various kinds of determinations are essentially within normal limits, although in many cases the number of eosinophils in the blood is high in relation to the total number of leukocytes. The diagnosis can readily be established, however, by observing the reaction to intradermal injection of an antigen prepared from a suppurative node, or by biopsy of such a node.⁴

REPORT OF A CASE

A girl five and a half years of age was first observed in the office of one of the authors in Sun Valley, California (near Los Angeles) on October 13, 1952, with complaint of fever, slight nuchal rigidity and tenderness of axillary lymph nodes. Upon physical examination a small fresh scar on the left side of the chest was noted, and the lymph nodes in the left axillary region were enlarged, very tender and appeared to be matted together rather than separate and discrete. The temperature was 100° F. Penicillin, 450,000 units, was injected intramuscularly and a triple sulfonamide, gm. 0.25 by mouth four times daily. Three days later the axillary mass was larger, definitely matted and quite tender. No abnormalities were noted on examination of the blood or on urinalysis. Aureomycin, 100 mg. three times daily by mouth, was prescribed. When the patient was next examined four days later the nodes, still tender and undiminished in size, felt fixed in place. Aureomycin was continued. On October 27 the nodes were of the same size but the tenderness had subsided and surgical biopsy was advised.

The patient entered the hospital October 30. The hemoglobin content of the blood was 12.1 gm. per 100 cc. and erythrocytes numbered 4.3 million per cu. mm. Leukocytes numbered 7,000 per cu. mm.—41 per cent neutrophils, 48 per cent lymphocytes, 4 per cent monocytes and 7 per cent eosinophils. Results of urinalysis were normal.

A 4x3x1.5 cm. mass of tissue including four lymph nodes was removed for pathologic study.

PATHOLOGIST'S REPORT

The specimen was a mass of fibrofatty tissue with several lymph nodes imbedded in it, the largest of them 1 cm. in diameter. On microscopic examination of the lymph nodes it was noted that there were numerous semicaseous, necrotic foci containing a few polynuclear cells and surrounded by heavy mantles of epithelioid cells with occasional giant cells. No acid-fast organisms were observed. The diagnosis was granulomatous lymphadenitis consistent with cat scratch disease.

When questioned specifically the parents of the patient recalled that a cat had scratched her on the

chest about two and a half weeks before the onset of symptoms. The wound was small and had caused no alarm even though a small encrusted, oozing lesion, a slow-healing "sore," developed three days later.

Antigen prepared from the node of a patient who had had cat scratch disease six months previously was injected intradermally and the reaction (read like a tuberculin test reaction) was 2 plus 48 hours later.

SUMMARY

A case of cat scratch disease in a patient in the Los Angeles area was diagnosed by biopsy of enlarged lymph nodes and subsequent test by intradermal injection of antigen. The proportion of eosinophils in the blood was relatively high.

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